U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 8989	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name, file number and address of labor organization		
Name James A Williams, Jr	Name International Union of Painters & Allied Trade		
	Labor Organization File Number 000-035		
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any		
Street 1750 New York Avenue, N W	Street 1750 New York Avenue, N W		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20006-5301	State District of Columbia ZIP Code + 4 20006-5301		
5 Position in labor organization Assistant to the GP			
Enter appropriate data below if, during the past fiscal year, you or your sport (except as specified in the exclusion of the	isions set forth in the instructions)		
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent		
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest Transaction, or Income		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street	7 b Amount		
Sueet			
City			
State ZIP Code + 4			
Sign	ature		
15 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is to the best of the		
Signed Jan a Willen - 1	On 8/15/05 202 637-0700		
Form I M 30 /2003)	Date Telephone Number		

Name of Person Filing James Williams, Jr	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Novak/Francella Trade Name, if any P O Box, Bldg , Room No , if any Suite 501 Street Two Bala Plaza City Bala Cynwyd State Pennsylvania ZIP Code + 4 19004	9 Business deals with X a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Trade Name, if any P O Box Bldg Room No if any Street City State ZIP Code + 4	Business provides accounting services to labor organization 11 b Approximate dollar value of such dealing \$95,777 12 a Nature of interest held or income received 1/28/04, meal, \$45 44		
	12 b Amount \$45		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment 14 b Amount of payment		
13 b Is the Business an Employer or Consultant ?	1.5 renount of payment		

Name of Person Filing James Williams, Jr	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (!) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IUPAT Industry Pension Fund Trade Name, if any P O Box, Bidg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name, if any P O Box Bldg Room No if any	Affiliated Pension Fund - dealing consists of shared costs		
Street			
City	11 b Approximate dollar value of such dealing \$839, 191		
State ZIP Code + 4	12 a Nature of Interest held or income received 1/21/04, meal, \$48 67 1/27/04, meal, \$52 47 2/4/04, meal, \$88 57 6/30/04, meal, \$55 05 7/29/04, meal, \$36 19 8/15/04, meal, \$107 64		
	12 b Amount \$389		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			
City			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams, Ji	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name IUPAT Joint Apprenticeship Training Fund Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name, if any P O Box, Bldg , Room No , if any	Affiliated apprenticeship fund - oshared costs	dealing consists of	
Street	11 b Approximate dollar value of such dealing	\$271,319	
City State ZIP Code + 4	12 a Nature of interest held or income received 2/5/04, meal, \$35 20 2/5/04, meal, \$238 40 2/6/04, meal, \$32 42 2/6/04, meal, \$31 58 2/7/04, meal, \$28 73 2/7/04, meal, \$43 20 2/7/04, meal, \$58 54		
	12 b Amount	\$466	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams, Jr	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IUPAT Joint Apprenticeship Training Fund Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	Affiliated apprenticeship fund - dealing consists of shared costs 11 b Approximate dollar value of such dealing \$271,319 12 a Nature of interest held or income received 4/26/04, meal, \$36 36		
	12 b Amount \$36		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No If any Street City State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams, Jr	F	File Number U-	
B Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included by the consists of buying from the selling or leasing directly or included by the consists of buying from the selling or leasing directly or included by the consists of buying from the consists of buying from the constant of the constant of the consists of buying from the constant of the constan	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name IUPAT Labor Management Cooperation Initiativ	son Alamong h		
Trade Name, if any	a Labor Organization	ph	
P O Box, Bldg , Room No , If any	b Trust		
Street 1750 New York Avenue, N W	c Employer		
City Washington			
State District of Columbia ZIP Code + 4 20006			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name , , , , , , , , , , , , , , , , , , ,	Affiliated labor man	nagement fund -	dealing consists
Trade Name, if any	The state of the s	· · · · · · · · · · · · · · · · · · ·	
PO Box, Bldg , Room No , If any	1		,
Street	11 b Approximate dollar value	of such dealing	\$226,441
City 2,	12 a Nature of interest held		Y 220/111
State ZIP Code + 4	2/1/04, meal, \$1/1 2/2/04, meal, \$41 2 2/3/04, meal, \$35 0 2/9/04, meal, \$100 2/22/04, meal, \$70	2	
	12 b Amount		\$419
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	Millioneprinageneo amino ao - manaco ao monte amin'ny mandrana ao amin'ny faritr'i Amerika. Taon	2 mol/villimmu.de/tricingers/states/qq.es/minimizers.com.com/s.f./m.de/tridia/minimizers/states
Name Name	To the state of th	, w ,	W. Control Control
Trade Name, if any	To year and the second	**	*
PO Box, Bldg , Room No , If any	Approximate the second	, s	The second representation of the second repre
Street	Property of the Control of the Contr	\$ \$	e communicación de la comm
City - The control of	s de constant de c	i a 3	recommendately and the second
State State 2 Proposition of the control of the con	g g g g g g g g g g g g g g g g g g g	The state of the s	a and someone with the Walterway and Strategic and the source of
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		Same result to the control of the first of t

Name of Person Filing James Williams, Jr	File Number U-		
B Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or included the part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8 Name and address of Business (including trade name, if any) Name IUPAT Labor Management Cooperation Initiativ Trade Name, if any P O Box, Bldg , Room No , if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name, if any P O Box, Bldg , Room No if any	Affiliated labor management fund - of shared costs	dealing consists	
Street	11 b Approximate dollar value of such dealing	\$226,441	
City	12 a Nature of interest held or income received	9220,441	
State ZIP Code + 4	2/7/04, meal, \$65 24 2/22/04, hotel, \$324 82 2/22/04, hotel, \$162 41 6/03/04, meal, \$95 40 6/23/04, meal, \$37 53	,	
	12 b Amount	\$735	
		Supplied the supplied that the supplied the supplied that the supplied the supplied that the supplied	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name		oonmenoore manay	
Trade Name, if any	- Verification of the control of the	Annual designation of the second seco	
P O Box, Bidg , Room No , if any			
Street		Activities and the second seco	
State ZIP Code + 4			
	14 b Amount of payment	Janes 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 -	
13 b is the Business an Employer or Consultant ?			

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.